

Substitute for Form 1449A/PTO <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>		<b>Complete if Known</b> Application Number 10/516,598 Filing Date 12/3/2004 First Named Inventor Jun KUBOTA Art Unit 3709 Examiner Name Talman, James R. Attorney Docket Number 389.44528X00	
Sheet	1 of 2		

[illegible]

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Type
		Country Code <sup>3</sup> , Number <sup>4</sup> , Kind Code <sup>5</sup> (if known)				
		JP 05-317313	12-03-1993	ISHIHARA KEN HITACHI MEDICAL CORP		A
		JP 2000-229081 A	08-22-2000	HITACHI MEDICAL CORP		A

Examiner Signature	/Nasir Shahrestani/	Date Considered	10/01/2009
-----------------------	---------------------	--------------------	------------

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /N.S./

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.			
Substitute for form 1449/PTO			
<h2 style="margin: 0;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h2> <p style="margin: 10px 0 0 0;"><i>(use as many sheets as necessary)</i></p>			
Sheet	2	of	2
Application Number		10/516,598	
Filing Date		12/3/2004	
First Named Inventor		Jun KUBOTA	
Group Art Unit		3709	
Examiner Name		Talman, James R.	
Attorney Docket Number		389.44528X00	

### NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER. Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached

Applicant's name, creation date, and the date of the first commercial sale of the product are required for the program. The USPTO requires that the information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application for a patent. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 120 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.**

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /N.S./